ALCOHOL LICENSE COMMITTEE MEETING MINUTES CITY OF FOND DU LAC, WISCONSIN

Meeting Room A

160 S Macy Street

March 31, 2025 4:00 PM

ROLL CALL

Attendance

Present
Scott Gilgenbach
Mason Gravelle
Andrew Hayes
Brandon Hiller
Melissa Kolstad
Thomas Schuessler

Absent

Kathryn Strong Langolf (Excused)

Administrative Staff
Ali Panagopoulos, Deputy City Attorney
Anthony Hahn, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

CONSENT AGENDA

February 24, 2025 Minutes

A Motion was made by Brandon Hiller to approve February 24, 2025 Minutes and seconded by Scott Gilgenbach, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hayes, Hiller, Kolstad, Schuessler

Absent: Strong Langolf

INPUT

Audience Comments

The Presiding Officer Shall Limit Comments To Items Noticed On The Agenda

No audience comments were made.

ACTIONS

Temporary Class "B" Licenses/Picnic Licenses

- Holy Family Catholic Community (Celebration after the Easter Vigil 4/19/2025)
- Downtown FDL Partnership (Beer & Bourbon Crawl 5/3/2025)
- Downtown FDL Partnership (Summer Wine Walk 6/13/2025)
- Downtown FDL Partnership (Night Market 6/26/2025)
- Downtown FDL Partnership (Night Market 7/10/2025)
- Downtown FDL Partnership (Night Market 7/24/2025)
- Downtown FDL Partnership (Night Market 8/7/2025)
- Downtown FDL Partnership (Night Market 8/21/2025)
- Downtown FDL Partnership (Fondue Fest 9/6/2025)
- Downtown FDL Partnership (Holiday Wine Walk 11/8/2025)

A Motion was made by Thomas Schuessler to approve Temporary Class "B" Licenses/Picnic Licenses and seconded by Mason Gravelle, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hayes, Hiller, Kolstad, Schuessler

Absent: Strong Langolf

ADJOURN

A Motion was made by Brandon Hiller to adjourn at 4:01 p.m. and seconded by Andrew Hayes, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hayes, Hiller, Kolstad, Schuessler

Absent: Strong Langolf

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

February 24, 2025 Minutes <u>Title:</u>

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

File Name

Description ☐ Minutes_2025_2_24_Meeting(1196).pdf Minutes

ALCOHOL LICENSE COMMITTEE MEETING MINUTES CITY OF FOND DU LAC, WISCONSIN

Meeting Room A

160 S Macy Street

February 24, 2025 4:00 PM

ROLL CALL

Attendance

Present
Scott Gilgenbach
Andrew Hayes
Brandon Hiller
Melissa Kolstad
Kathryn Strong Langolf
Thomas Schuessler

Absent

Mason Gravelle (Excused)

Administrative Staff
Ali Panagopoulos, Deputy City Attorney
Robb Duveneck, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

CONSENT AGENDA

January 27, 2025 Minutes

A Motion was made by Thomas Schuessler to approve January 27, 2025 Minutes and seconded by Kathryn Strong Langolf, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong Langolf

Absent: Gravelle

INPUT

The Presiding Officer Shall Limit Comments To Items Noticed On The Agenda

ACTIONS

"Class C" Wine License

Limited Liability Co: LA Nails LLC

Agent Name: Lien Nguyen

Agent Address: 373 Boyd St., Fond du Lac, WI

d/b/a: LA Nails

Business Address: 459 W Johnson St., Suite A

A Motion was made by Andrew Hayes to recommend to the City Council approval of "Class C" Wine License at 459 W Johnson St., Suite A for LA Nails LLC and seconded by Scott Gilgenbach, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong Langolf

Absent: Gravelle

Class "B" Fermented Malt License

Limited Liability Co: Wisco Cheese & Cheers LLC

Agent Name: Melissa Jacobson

Agent Address: 900 Furnace St., Lavalle, WI

d/b/a: Wisco Cheese & Cheers

Business Address: 362 N Peters Ave., Suite B

A Motion was made by Thomas Schuessler to recommend to the City Council approval of Class "B" Fermented Malt License at 362 N Peters Ave., Suite B for Wisco Cheese & Cheers LLC and seconded by Brandon Hiller, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong Langolf

Absent: Gravelle

"Class B" Intoxicating Liquor and Class "B" Fermented Malt License

Limited Liability Co: Fond du Lac Beer Co. LLC

Agent Name: Michael Leb

Agent Address: N7430 Niagara Ln., Fond du Lac

d/b/a: Fond du Lac Beer Company

Business Address: 21 4th Street Court

A Motion was made by Kathryn Strong Langolf to recommend to the City Council approval of "Class B" Intoxicating Liquor and Class "B" Fermented Malt License at 21 4th Street Court for Fond du Lac Beer Co. LLC and seconded by Andrew Hayes, and the motion was

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong Langolf

Absent: Gravelle

ADJOURN

A Motion was made by Scott Gilgenbach to adjourn at 4:16 p.m. and seconded by Kathryn Strong Langolf, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong Langolf

Absent: Gravelle

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> Audience Comments

Subject: The Presiding Officer Shall Limit Comments To Items Noticed On The

Agenda

Initiator:

Location:

Recommendation:

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

Temporary Class "B" Licenses/Picnic Licenses Title:

Subject:

- \bullet Holy Family Catholic Community (Celebration after the Easter Vigil 4/19/2025)
- ullet Downtown FDL Partnership (Beer & Bourbon Crawl 5/3/2025)
- Downtown FDL Partnership (Summer Wine Walk 6/13/2025)
- Downtown FDL Partnership (Night Market 6/26/2025)
- Downtown FDL Partnership (Night Market 7/10/2025)
 Downtown FDL Partnership (Night Market 7/24/2025)
- Downtown FDL Partnership (Night Market 8/7/2025)
- Downtown FDL Partnership (Night Market 8/21/2025)
- Downtown FDL Partnership (Fondue Fest 9/6/2025)
 Downtown FDL Partnership (Holiday Wine Walk 11/8/2025)

Initiator:

Location:

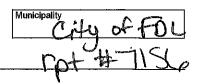
Recommendation:

ATTACHMENTS:

File Name Description D Holy_Family.pdf Applications D March_Special_Class_B_s_redacted.pdf Applications

Form AB-220

Temporary Alcohol Beverage License



License(s) Requested	Fees				
☐ Temporary "Class B" Wine		License Fees	\$ 10-		
		Background Check	\$		
		Total Fees	\$ 10.00		

<u> </u>		-	:					
Part A: Organization Informa	ation			·		· · · · · · · · · · · · · · · · · · ·		
1. Organization Name	L - 0 - 4E -	l!- 0						
	iy Catho	lic Communit	<u>y</u>					
2. Organization Permanent Address	71 4th C	4 \ \ (/ \ / \ / \ / \ / \ / \ / \ / \ /						
	271 4th S	t vvay			4 05-4-	In The Code		
3. City Fond du Lac					4. State WI	5. Zip Code 54937		
6. Mailing Address (if different from pe	rmanent ad	(dress)	****		VVI	04001		
7. FEIN 8. Date of Organization/Incorporation 9. State of Organization/Incorporation								
	Į.	07/01/2000	•		wi	·		
10. Phone		11. Email						
920-921-0580		ethelen	@hffdl.o	rg				
12. Organization type (check one)								
☐ Bona Fide Club 🗸	Church	☐ Fair As	sociation/A	Agricultural Socie	etv 🔲 Vete	eran's Organization		
				_		ch. 181, Wis. Stats.		
13. Is this organization required to	hold a Wis	consin Seller's pe	rmit?			Yes No		
14. Wisconsin Seller's Permit Number				*				
14, Viocetain College T Civile Number	(ii appiloabit	٠,				•		
15. Agent/Contact Person of Organizat	tion in charg	e of Affair		16. Agent/Conta	ct Person's Phone	Number or Email		
17. Agent/Contact Person's Address					<u></u>			
17. Ageni/Contact Person's Address			• •] 18. Agent/Conta-	ct Person's Date of	Birth		
Part B: Individual Information	n							
List the name, title, and phone nu	mber for a	II officers, director	rs, and ag	ent of the organ	ization			
Last Name	First Nan	ne		 Гitle		Phone		
				· .				
Grob	Jeffrey		Į.	∖rchbishop		•		
		······································		·				
Pruess	Ryan		F	Father				
Michels	Steven			41111	/ 8 3)			
Sabraidan	 			# / T * * *	ē.			
Schneider	Harold							

Part C: Event Information					
Name of Event (if applicable) Celebration after the	Easter Vigil	2 2 2000			
2. Dates of Operation			3. Hours of C	perati	on
April 19					11:00pm-midnight
4. Premises Address 271 Fourth Street Way					
5. City Fond du Lac		14	6. State	WI	7. Zip Code 54937
8. County	9. Governing Municipality	☑ City ☐ Town	Village	-	Aldermanic District
Fond du Lac	of: Fond du Lac		The A		
11. Organizer of Event (if not the named applicant) Eva Thelen		12. Email and/or Phone ethelen@hffdl.o		Organiz	er of Event
13. Organizer Website hffdl.org		1			
or diagram and additional sheets if nece Our priest team would like to host beer be made available in our ind I've attached a map of the facility	t a social after the loor gathering spa	ace which is atta	ched to the		
Part D: Attestation	tes in the second second	Marine I	Plant of a		TENTO TO SECURE
Who must sign this application?					
 one officer or director of the nonprofit of 	organization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that the to another individual or entity. I agree to confrom Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stop be prosecuted for submitting false statements provides materially false information on the	n behalf of the applica he rights and responsib operate according to the nderstand that lack of a Such refusal is a misde tat. Chapter 125 shall be ents and affidavits in col	nt organization and no bilities conferred by the e law, including but no access to any portion of emeanor and grounds be void under penalty nnection with this appl	ot on behalf of a license(s), but limited to, of a licensed for revocation of state law.	of any if gran purch premis on of t I furth	other individual or entity ated, will not be assigned asing alcohol beverages ses during inspection will his license. I understand er understand that I may be person who knowingly
Last Name	First 1	Vame			M.I.
Tanel		Kevin			T. H. H. L.
Title Father	Email frtane	el@hffdl.org	Please.		Phone 920-921-0580
Signature Lys. Hesses	Jones	1	Date 3/1	18/25	T RELEVE
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk	R 1 9 2025	License Number	3-003	38	
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk	III		H.		

Memorandum

Date:	•
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
CITY OF	FOND DU LAC
Memorano	
Date:	3-20-25
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be: Granted a license A3H / Denied a license
	Comments
	VVIIIIIVIIII
	•

To whom it may concern,

On April 19th after the Easter Vigil Mass, our priest team would like to host a social to celebrate the newly baptized and confirmed adults. This Mass takes place from 8am to 11pm, and the social would follow. The social will be indoors in the church gathering space. The priest team would like us to serve beer, as we understand that the city does not permit wine after 9pm.

For my role as the Director of Parish Events, I am a licensed bartender with the City of Fond du Lac. I will be present at the event. We have volunteers available to check ID's as well. This social is open to the public.

Thank you for your consideration,

Eva Thelen Demphy

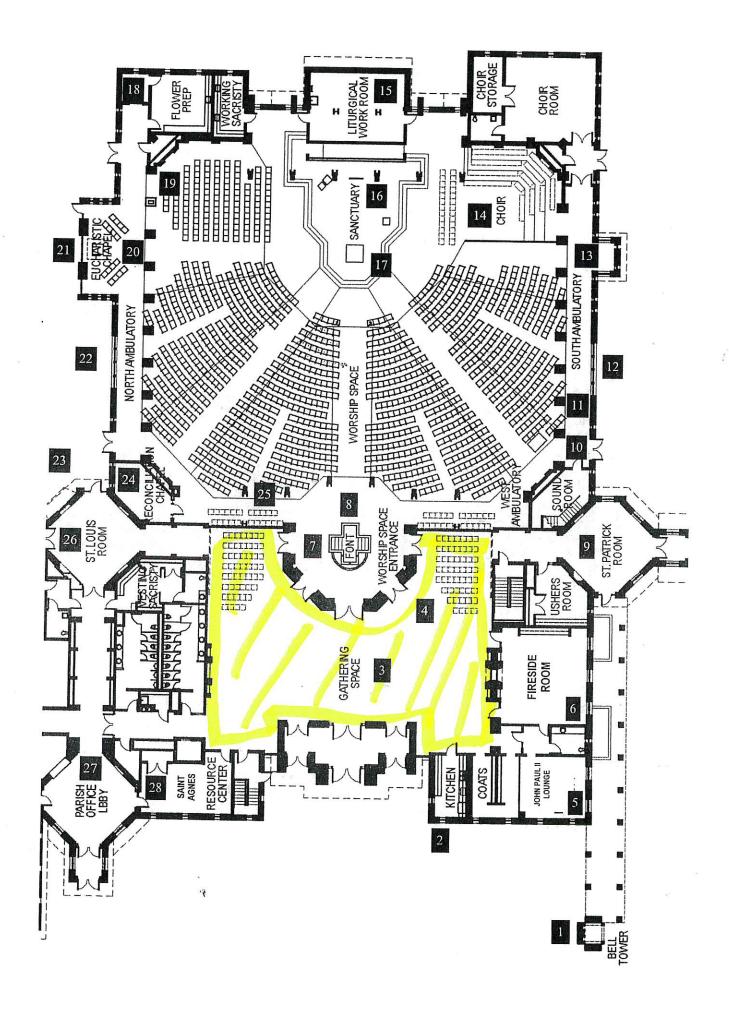
Eva Thelen-Dunphy

Director of Parish Events

Holy Family Catholic Community

920-921-0580 ext 202

ethelen@hffdl.org



AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	License(s) Requested		Fees			
		License Fees	\$	10.00		
☐ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	0.00		
		Total Fees	\$	10.00		

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information						
1. Organization Name						
Downtown Fond du Lac	Part	nership				
2. Organization Permanent Address						
131 S. Main Street,	Suite	101				
3. City				4. State	5. Zip Code	
Fond du Lac				WI	54935	
Mailing Address (if different from per	rmanent a	ddress)				
7. FEIN 8. Date of Organization/Incorporation 9. State of Organization/Incorporation						
46-1169019			,	Wisconsi		
10. Phone		11. Email				
(920) 322-2007		info@downtownf	dl.com			
12. Organization type (check one)						
Section of the Contract of the	Church	☐ Fair Association	n/Agricultural Socie	tv	ran's Organization	
		er of Commerce or similar (
	Onambe	or commerce or similar c	or trade orga	amzation under c	511. 101, VVIS. Otats	
13. Is this organization required to h	nold a Wi	sconsin Seller's permit?		* *** * *** ** * * * *	Yes V No	
14. Wisconsin Seller's Permit Number (if applicab	le)				
Part B: Individual Information	n					
List the name, title, and phone num (Form AB-100) for each person lis				ization. Include a	an Individual Questionnaire	
Corporations must also include Ale	cohol Bev	verage Appointment of Age	nt (Form AB-101).			
Last Name	First Na	ime	Title		Phone	
Raflik	J.J.		President			
Meyer	Sam Vice President					
Gross	Tyler		Secretary			
Kittleson	Andy	Treasurer				
Krupp	Amy		Executive I	Director		

Continued →

Part C: Event Information				1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
1. Name of Event (if applicable)				
Downtown Fond du Lac Beer	and Bourbo	n Crawl		
2. Dates of Operation			3. Hours of Ope	eration
Saturday, May 3, 2025		1:00 pm	to 5:00 pm	
4. Premises Address				
various businesses with B	ID district			
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	9. Governing Munici	ipality 🗸 City 🗌 Town	☐ Village	10. Aldermanic District
FOND DU LAC	of: FOND DU	10 No. American A. American		N/A
11. Organizer of Event (if not the named applica		12. Email and/or Phone Nun	nber for Organize	er of Event
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	om / Amy@down	townfdl.com, 920-322-2006
13. Organizer Website		14. Event Website		
www.downtownfdl.com		downtownfdl.co	m/beer-bo	urbon-crawl
15. Premises Description - Describe the bui stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece	ds are kept. Descr of records may o	ibe all rooms within the bu	iilding, including	g living quarters. Authorized
various Downtown Fond du La	c businesses	within BID distri	ct.	
Part D: Attestation Who must sign this application? • one officer or director of the nonprofit READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that to another individual or entity. I agree to from Wisconsin-permitted wholesalers. I use deemed a refusal to allow inspection. that any license issued contrary to Wis. Significantly false statements of the provides materially false information on the second contraction.	: Under penalty of on behalf of the ap he rights and resp operate according nderstand that lac Such refusal is a r tat. Chapter 125 s ents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but n k of access to any portion of misdemeanor and grounds hall be void under penalty in connection with this app	ot on behalf of a e license(s), if g ot limited to, pu of a licensed pre for revocation of state law. I fu lication, and tha	any other individual or entity granted, will not be assigned urchasing alcohol beverages emises during inspection will of this license. I understand urther understand that I may at any person who knowingly
Last Name	95590	First Name		M.I.
Last Name	1			l mai.
Meyer		Sam		Phone
Title	Email			Phone (920) 924-4425
Vice-President	sam@s	ammeyeragency.com	I Dete	(920) 924-4425
Signature Comucel S. M	M		Date	01/17/25
				Delivery of the Profige of States of
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk JAN	1 1 7 2025	License Number	-0018	
Date License Granted		Date License Issued	-	
Signature of Clerk/Deputy Clerk				

rp+#16788

Memorand	um
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
EITY OF Memorand	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Granted a license CPT RD, #121 07/28/25
	Denied a license
	Comments

Form

AB-220

Temporary Alcohol Beverage License

Municipality	,				
CITY	OF	FOND	DU	LAC	

License(s) Requested		Fees			
		License Fees	\$	10.00	
▼ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$	0.00	
		Total Fees	\$	10.00	

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due

			rush fee wil.	1 be	charged, 1	for a total of \$35 due.
Part A: Organization Informa	tion					
1. Organization Name						11
Downtown Fond du Lac	Part	nership				
2. Organization Permanent Address						
131 S. Main Street,	Suite	101				
3. City					4. State	5. Zip Code
Fond du Lac						
Mailing Address (if different from per	rmanent a	ddress)				
7. FEIN		8. Date of Organization/Incor	poration	9. S	tate of Organi	zation/Incorporation
46-1169019					isconsi	
10. Phone		11. Email		7.0		-
(920) 322-2007		info@downtownf	dl.com			
12. Organization type (check one)						
	Church	Fair Association	/Agricultural Socie	etv	☐ Vete	ran's Organization
() () () () () () () () () ()		er of Commerce or similar (=	5		
	Chambe	or Gorillierde di Sililliar d	Sivile of Trade Orga	arriza	ulon under c	II. 101, W.S. Otats.
13. Is this organization required to h	old a Wi	sconsin Seller's permit?	y years scales in this sector and		1774 1774 1784 I	Yes 🗸 No
14. Wisconsin Seller's Permit Number (if applicab	le)				
Part B: Individual Information	1	Same of the same o			NW S	
List the name, title, and phone nur (Form AB-100) for each person list			(T)	izatio	on. Include a	n Individual Questionnaire
Corporations must also include Ald	ohol Bev	verage Appointment of Age	nt (Form AB-101).			
Last Name	First Na	me	Title			Phone
Raflik	J.J.		President			
Meyer	Sam		Vice Presid	lant	<u>a</u>	
Meyer	Vice Flesident					
Gross	Tyler		Secretary			
Kittleson	Andy		Treasurer			
Krupp	Amy		Executive I	Dir	ector	

Continued \rightarrow

Part C: Event Information				
1. Name of Event (if applicable)	725	¥1)		
Downtown Fond du Lac Summ	er Wine Wal	k		
2. Dates of Operation			3. Hours of Operat	ion
Friday, June 13, 2025			4:00 pm t	o 8:00 pm
4. Premises Address				
various businesses with B	ID district			
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	9. Governing Munic	ipality 🔽 City 🗌 Town	☐ Village 10	Aldermanic District
FOND DU LAC	of: FOND DU	LAC	N	1/A
11. Organizer of Event (if not the named applica	nt)	12. Email and/or Phone Num	nber for Organizer of	f Event
Megan Sigrist / Amy Krupp)	Megan@downtownfdl.co	om / Amy@downto	wnfdl.com, 920-322-2006
13. Organizer Website	V	14. Event Website		
www.downtownfdl.com		https://downto	wnfdl.com/w	ine-walk/
15. Premises Description - Describe the bu stored, or consumed, and related recor alcohol beverage activities and storage or diagram and additional sheets if nec various Downtown Fond du La	ds are kept. Descr of records may of essary.	ribe all rooms within the buccur only on the premises	illding, including li described in this a	ving quarters. Authorized
Who must sign this application? • one officer or director of the nonprofit READ CAREFULLY BEFORE SIGNING truthfully. I agree that I am acting solely of seeking the license. Further, I agree that to another individual or entity. I agree to from Wisconsin-permitted wholesalers. I use the deemed a refusal to allow inspection. That any license issued contrary to Wis. So be prosecuted for submitting false statem.	: Under penalty or on behalf of the ap the rights and resp operate according understand that lac Such refusal is a restat. Chapter 125 sents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but not k of access to any portion of misdemeanor and grounds hall be void under penalty in connection with this app	ot on behalf of any e license(s), if gra ot limited to, purch of a licensed prem for revocation of of state law. I furth lication, and that a	y other individual or entity nted, will not be assigned hasing alcohol beverages ises during inspection will this license. I understand her understand that I may any person who knowingly
provides materially false information on the	nis application may	be required to forfeit not r	more than \$1,000	if convicted.
Last Name		First Name		M.I.
Meyer		Sam		
Title	Email			Phone
Vice-President	sam@s	sammeyeragency.com		(920) 924-4425
Signature Cemucel - /	heyn		Date	01/17/25
Boot E. For Clork Hoo Only				
Part E: For Clerk Use Only Date Application Was Filed With Clerk	V 1 7 2025	License Number	C-001	
Date License Granted	A B CUCJ	Date License Issued	000	1
Signature of Clerk/Deputy Clerk				

rpt # 6787

Memorandi	um
Date:	
To:	Chief of Police Attn: Records Division
From;	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
,	FOND DU LAC
Memorand	um ·
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
·	I hereby recommend that the application be:
	Granted a license CPT RD, #121 07.38.35
	Denied a license
	Comments

AB-220

Temporary Alcohol Beverage License

Municipality							
CITY	OF	FOND	DU	LAC			

License(s) Requested		Fe	ees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	▼ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Informa	tion				
Organization Name					
Downtown Fond du Lac	Part	nership			
Organization Permanent Address					27
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac				WI	54935
6. Mailing Address (if different from per	rmanent a	ddress)			
7. FEIN		8. Date of Organization/Incorp	poration 9	797	ration/Incorporation
46-1169019				Wisconsin	1
10. Phone 11. Email					
(920) 322-2007		info@downtownfo	dl.com		
12. Organization type (check one)					
☐ Bona Fide Club	Church	Fair Association	/Agricultural Society	☐ Veter	an's Organization
☐ Lodge/Society ✓	Chambe	er of Commerce or similar C	Civic or Trade Organ	ization under ch	n. 181, Wis. Stats.
13. Is this organization required to h	nold a Wi	sconsin Seller's permit?			☐ Yes 📝 No
14. Wisconsin Seller's Permit Number (if applicab	ole)			
Part B: Individual Information	1		100000000000000000000000000000000000000		
List the name, title, and phone num (Form AB-100) for each person list				ation. Include a	n Individual Questionnaire
Corporations must also include Ald	cohol Ber	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na	nme	Title		Phone
Raflik	J.J.		President		
Meyer	Sam		Vice Preside	ent	
Gross	Tyler		Secretary		
Kittleson	Andy		Treasurer		
Krupp	Amy		Executive Di	irector	

Continued →

Part C: Event Information				
1. Name of Event (if applicable)				
Downtown Fond du Lac Nigh	t Market			
2. Dates of Operation			3. Hours of Operat	ion
Thursday, June 26, 2025			5:00 pm t	o 8:00 pm
4. Premises Address				
Main Street between Divis	ion and For	est including She	eboygan to	Portland
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	9. Governing Munic	ipality 🔽 City 🗌 Town	☐ Village 10.	Aldermanic District
FOND DU LAC	of: FOND DU	LAC		I/A
11. Organizer of Event (if not the named applican	nt)	12. Email and/or Phone Num	ber for Organizer o	f Event
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	m / Amy@downto	wnfdl.com, 920-322-2006
13. Organizer Website		14. Event Website		
www.downtownfdl.com		downtownfdl.co	m/beer-bour	bon-crawl
15. Premises Description - Describe the buil stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessary	ds are kept. Descr of records may of essary.	ibe all rooms within the buccur only on the premises of	ilding, including li described in this a	ving quarters. Authorized application. Attach a map
Main Street between Division	n St and Fore	est ave including s	sneboygan St	to Portraile St
Part D: Attestation	area response		THE OWNER OF	
Who must sign this application?	tuenell because the party of	Action to the property and a production of the pro-	THE PROPERTY OF STREET	
one officer or director of the nonprofit of the nonp	organization			
The state of the s				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that I to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. So that any license issued contrary to Wis. Stop be prosecuted for submitting false statement provides materially false information on the	in behalf of the ap the rights and responerate according inderstand that lac Such refusal is a restat. Chapter 125 sents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty of in connection with this appl	or on behalf of any e license(s), if gra or limited to, purch if a licensed prem for revocation of of state law. I furth ication, and that a	nother individual or entity nted, will not be assigned hasing alcohol beverages ises during inspection will this license. I understand her understand that I may any person who knowingly
Last Name		First Name		M.I.
		Sam		, consti
Meyer Title	Email	Dalli		Phone
Vice-President	Annand Santonia	ammeyeragency.com		(920) 924-4425
Signature Canyle	likes	annie y et agene y . com	Date	01/17/25
	11		- Marian - M	
Part E: For Clerk Use Only				
Date Application Was Filed With Clark		License Number		
Late / ppiloation vas / fled vitin oloik	AN 17 2025	()	-0013	
Date License Granted	11 - 1996	Date License Issued	0010	**************************************
Signature of Clerk/Deputy Clerk				
			11 1 -1	20

Memorand	um .					
Date:						
To:	Chief of Police Attn: Records Division					
From:	City Clerk					
Subject:	Temporary Class B License					
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.					
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.					
Memorano	FOND DU LAC					
Memorano	ium					
Date:						
To:	City Clerk					
From:	Chief of Police					
Subject:	Temporary Class B License					
	I hereby recommend that the application be:					
	Granted a license CPT RD, #131 07.33.35					
	Denied a license					
	Comments					

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested		F	ees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information	tion				
1. Organization Name					
Downtown Fond du Lac	Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac		27 Mill Colonia Inc		MI	54935
Mailing Address (if different from per	rmanent a	ddress)			
7. FEIN		8. Date of Organization/Incor	poration 9	. State of Organia	zation/Incorporation
46-1169019				Wisconsin	1
10. Phone		11. Email			
(920) 322-2007		info@downtownfo	dl.com		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	☐ Fair Association	n/Agricultural Society	✓ Ueter	an's Organization
☐ Lodge/Society ✓	Chambe	er of Commerce or similar (Civic or Trade Organ	nization under cl	h. 181, Wis. Stats.
13. Is this organization required to h	nold a Wi	sconsin Seller's permit?		* **** *** *** ** *	Yes 🗸 No
14. Wisconsin Seller's Permit Number (if applicab	ole)			
Part B: Individual Information	n				
List the name, title, and phone nur (Form AB-100) for each person list				ation. Include a	n Individual Questionnaire
Corporations must also include Ald	cohol Be	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na	ime	Title		Phone
Raflik	J.J.		President		
Meyer	Sam		Vice Preside	ent	
Gross	Tyler	,	Secretary		
Kittleson	Andy		Treasurer		
Krupp	Amy		Executive D	irector	

Continued →

Part C: Event Information			la Kangara Kar	77.
1. Name of Event (if applicable)				
Downtown Fond du Lac Nigh	t Market			
2. Dates of Operation			3. Hours of Ope	ration
Thursday, July 10, 2025			5:00 pm	to 8:00 pm
4. Premises Address				
Main Street between Divis	ion and For	est including She	eboygan to	Portland
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	9. Governing Munic	ipality 🗸 City 🔲 Town		Aldermanic District
FOND DU LAC	of: FOND DU	LAC		N/A
11. Organizer of Event (if not the named applicant	nt)	12. Email and/or Phone Num	nber for Organizer	of Event
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	m / Amy@downt	cownfdl.com, 920-322-2006
13. Organizer Website		14. Event Website		
www.downtownfdl.com		downtownfdl.co	m/beer-bou	ırbon-crawl
or diagram and additional sheets if nece		est Ave including &	Sheboygan S	t to Portland St
Part D: Attestation Who must sign this application? • one officer or director of the nonprofit of the nonp	Under penalty of the ap the rights and responderstand that lac Such refusal is a retat. Chapter 125 s	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion of misdemeanor and grounds hall be void under penalty	ot on behalf of a e license(s), if g ot limited to, pur of a licensed pre for revocation of of state law. I fu	ny other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand rther understand that I may
be prosecuted for submitting false stateme provides materially false information on th	ents and affidavits is application may	in connection with this apply be required to forfeit not r	nore than \$1,00	o if convicted.
Last Name		First Name		M.I.
Meyer		Sam		
Title //	Email			Phone
Vice-President	sam@s	ammeyeragency.com		(920) 924-4425
Signature Connection	100		Date	01/17/25
Junely).	yre			,, (
Part E: For Clerk Use Only			19 PERMIT	
Date Application Was Filed With Clerk	IAN 1 7 2025	License Number	(-0015	5
Date License Granted	IAN 17 2025	Date License Issued	C-001	J
Signature of Clerk/Deputy Clerk				

mt#6785

Memorano	lum
Date:	,
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
CITY OF	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
•	I hereby recommend that the application be:
	Granted a license CPT RD, #121 87.33.35
	Denied a license
	Comments

AB-220

Temporary Alcohol Beverage License

Municipality	,				
CITY	OF	FOND	DU	LAC	

License(s) Requested		F	ees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	▼ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25

					for a total of \$35 due.
Part A: Organization Informa	tion	THE STREET STREET	1		
1. Organization Name					
Downtown Fond du Lac	Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City 4. 9					5. Zip Code
Fond du Lac		V V		WI	54935
Mailing Address (if different from per	rmanent a	ddress)			
7. FEIN		8. Date of Organization/Incor	poration	9. State of Organiz	zation/Incorporation
46-1169019				Wisconsin	
10. Phone		11. Email			
(920) 322-2007		info@downtownf	dl.com		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	☐ Fair Association	n/Agricultural Society	y ☐ Veter	ran's Organization
☐ Lodge/Society ✓	Chambe	er of Commerce or similar (Civic or Trade Organ	nization under cl	h. 181, Wis. Stats.
13. Is this organization required to				198144 614 614 6	Yes No
14. Wisconsin Seller's Permit Number ((if applicab	ole)			
					50
Nes real name is a second and a second a second and a second a second and a second a second and a second and a second and					
Part B: Individual Information	n				
List the name, title, and phone nu (Form AB-100) for each person lis				ation. Include a	n Individual Questionnaire
Corporations must also include Ale	cohol Be	verage Appointment of Age	ent (Form AB-101).		
Last Name	First Na	ame	Title		Phone
Raflik	J.J.		President		
Meyer	Sam		Vice Preside	ent	
Meyer	Sam		Vice Flesia	enc	
Gross	Tyler		Secretary		
Kittleson	Andy		Treasurer		
Krupp	Amy		Executive D	irector	
		1114 1119 45- 00-00-00-00-00-00-00-00-00-00-00-00-00			

Continued \rightarrow

Part C: Event Information				
Name of Event (if applicable)				
Downtown Fond du Lac Nigh	t Market			
2. Dates of Operation			3. Hours of Opera	34-950
Thursday, July 24, 2025			5:00 pm t	o 8:00 pm
4. Premises Address				
Main Street between Divis	ion and For	est including She	eboygan to	Portland
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	9. Governing Munici	ipality 🗸 City 🗌 Town	☐ Village 10.	Aldermanic District
FOND DU LAC	of: FOND DU	LAC	1	J/A
11. Organizer of Event (if not the named application	nt)	12. Email and/or Phone Num	ber for Organizer o	f Event
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	m / Amy@downto	wnfdl.com, 920-322-2006
13. Organizer Website		14. Event Website		
www.downtownfdl.com		downtownfdl.co	m/beer-bour	rbon-crawl
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessian Street between Division	of records may od essary.	ccur only on the premises	described in this	application. Attach a map
Part D: Attestation Who must sign this application? • one officer or director of the nonprofit READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of	Under penalty of	f law, I have answered each	ch of the above o	questions completely and
seeking the license. Further, I agree that to another individual or entity. I agree to defrom Wisconsin-permitted wholesalers. I use deemed a refusal to allow inspection. I that any license issued contrary to Wis. So be prosecuted for submitting false statement provides materially false information on the	he rights and respoperate according nderstand that lack Such refusal is a retat. Chapter 125 slents and affidavits is application may	onsibilities conferred by the to the law, including but no k of access to any portion on a misdemeanor and grounds hall be void under penalty of in connection with this apply the required to forfeit not not a second to the connection with this apply the required to forfeit not a second to the connection with this apply the required to forfeit not a second to the connection with this apply the required to forfeit not a second to the connection with this apply the connection with this apply the connection with this apply the connection with t	e license(s), if gra of limited to, purch of a licensed prem for revocation of of state law. I furth ication, and that a	inted, will not be assigned hasing alcohol beverages lises during inspection will this license. I understand her understand that I may any person who knowingly if convicted.
Last Name		First Name		M.I.
Meyer		Sam		
Title	Email			Phone
Vice-President	sam@s	ammeyeragency.com		(920) 924-4425
Signature Kimuer M.	in		Date	01/17/25
	10			
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk	1 7 2025	License Number	-0014	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

rp+# 6784

Memorano	lum ————————————————————————————————————
Date:	
To:	Chief of Police Attn: Records Division
From;	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
EITY OF	FOND DU LAC
	zum
Date: To:	City Cloule
	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	CPT RD, #121 07.38.35
	Denied a license
	Comments

Form

AB-220

Temporary Alcohol Beverage License

Municipality	,			
CITY	OF	FOND	DU	LAC

License(s) Requested		F	ees	
Part of the second second second		License Fees	\$	10.00
☐ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information 1. Organization Name Downtown Fond du Lac 1 2. Organization Permanent Address 131 S. Main Street, Street, Street 3. City Fond du Lac	Partnership uite 101		4. State	
Downtown Fond du Lac 1 2. Organization Permanent Address 131 S. Main Street, St 3. City Fond du Lac	uite 101		4. State	
2. Organization Permanent Address 131 S. Main Street, St 3. City Fond du Lac	uite 101		4. State	
131 S. Main Street, St 3.City Fond du Lac			4. State	
3. City Fond du Lac			4. State	
Fond du Lac	anent address)		4. State	1
	anent address)		F.7.T	5. Zip Code
	anent address)		WI	54935
6. Mailing Address (if different from perma				
7. FEIN	8. Date of Organization/Incor	poration	9. State of Organ	ization/Incorporation
46-1169019			Wisconsi	n
10. Phone	11. Email			
(920) 322-2007	info@downtownf	dl.com		
12. Organization type (check one)				
☐ Bona Fide Club ☐ C	Church Fair Association	n/Agricultural Soci	ety 🗌 Vet	eran's Organization
☐ Lodge/Society ☑ C	Chamber of Commerce or similar (Civic or Trade Org	anization under	ch. 181, Wis. Stats.
13. Is this organization required to ho 14. Wisconsin Seller's Permit Number (if		To vice Subsequent 1	7099	
Part B: Individual Information				
List the name, title, and phone num (Form AB-100) for each person liste	ed below. Attach additional sheets	if necessary.		an Individual Questionnaire
Corporations must also include Alco	ohol Beverage Appointment of Age	ent (Form AB-101).	
Last Name	First Name	Title		Phone
Raflik	J.J.	President		
Meyer	Sam	Vice President		
Gross	Tyler	Secretary		
Kittleson	Andy	Treasurer		
Krupp	Amy	Executive Director		

Continued →

Part C: Event Information				
Name of Event (if applicable)				
Downtown Fond du Lac Night	Market			
2. Dates of Operation	<u>/</u>		3. Hours of Operat	tion
Thursday, August 7, 2025			5:00 pm t	o 8:00 pm
4. Premises Address	an international contract of the contract of t		L. Nullenania ilijaani	
Main Street between Divisi	ion and For	est including She	boygan to	Portland
5. City	***************************************		6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	9. Governing Munici	ipality 🗹 City 🗌 Town	☐ Village 10.	Aldermanic District
FOND DU LAC	of: FOND DU			1/A
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Num	ber for Organizer o	f Event
Megan Sigrist / Amy Krupp	37	Megan@downtownfdl.co	m / Amy@downto	wnfdl.com, 920-322-2006
13. Organizer Website		14. Event Website		
www.downtownfdl.com		downtownfdl.co	m/beer-bour	rbon-crawl
alcohol beverage activities and storage or diagram and additional sheets if nece Main Street between Divisior	ssary.			
Part D: Attestation				
Who must sign this application?				
 one officer or director of the nonprofit 	organization			
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that the to another individual or entity. I agree to offrom Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. I that any license issued contrary to Wis. Stop be prosecuted for submitting false statement provides materially false information on the	n behalf of the ap ne rights and resp operate according nderstand that lac Such refusal is a reat. Chapter 125 sents and affidavits	plicant organization and no consibilities conferred by the to the law, including but no ek of access to any portion of misdemeanor and grounds thall be void under penalty in connection with this app	ot on behalf of an e license(s), if gra ot limited to, purc of a licensed prem for revocation of of state law. I furt lication, and that a	y other individual or entity anted, will not be assigned hasing alcohol beverages lises during inspection will this license. I understand ther understand that I may any person who knowingly
Last Name		First Name		M.I.
Meyer		Sam		
Title Vice-President	Email sam@s	sammeyeragency.com		Phone (920) 924-4425
Signature Comuse !!	reger		Date	01/17/25
	0	AND THE STATE OF THE STATE OF THE STATE OF	No two was a part with the	Supplied to the first of the supplied of the s
Part E: For Clerk Use Only Date Application Was Filed With Clerk				
JAI	N 1 7 2025	License Number	-0012	/
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk		,	and the second s	

Memorano	lum .
Date:	·
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
CITY OF	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Granted a license CPT RD, #121 07.33.35
	Denied a license
	Comments

Form

AB-220

Temporary Alcohol Beverage License

Municipality	1			
CITY	OF	FOND	DU	LAC

License(s) Requested		F	ees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	▼ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Don't A. Organization Informatio				
Part A: Organization Information 1. Organization Name	on			
Downtown Fond du Lac	Dawtnarahin			
Organization Permanent Address	Parchership			
131 S. Main Street, S	huite 101			
Migration Marie Milester to Marcon Michael of Sea	dice ioi		4. State	5. Zip Code
3. City Fond du Lac			WI	54935
6. Mailing Address (if different from perma	nanent address)		, , <u>, , , , , , , , , , , , , , , , , </u>	31333
,	·			
7. FEIN	8. Date of Organization/Incorp	poration 9.	State of Organi	zation/Incorporation
46-1169019			Wisconsin	n
10. Phone	11. Email			
(920) 322-2007	info@downtownfo	dl.com		
12. Organization type (check one)				
☐ Bona Fide Club ☐ C	Church	/Agricultural Society	☐ Vete	ran's Organization
_	Chamber of Commerce or similar C		zation under c	h. 181. Wis. Stats.
				158
13. Is this organization required to hol	ld a Wisconsin Seller's permit?			☐ Yes ☑ No
14. Wisconsin Seller's Permit Number (if a	applicable)			
P. S. Ighter and Windows State of the United States	ATTACK TO THE PARTY OF THE PART			
Part B: Individual Information		The second second second		
List the name, title, and phone numb (Form AB-100) for each person listed			tion. Include a	n Individual Questionnaire
Corporations must also include Alcoh	hol Beverage Appointment of Age	nt (Form AB-101).		
Last Name F	First Name	Title		Phone
Raflik J	J.J.	President		
Meyer S	Sam	Vice President		
Gross	Tyler	Secretary		
Kittleson A	Andy	Treasurer		
Krupp A	Amy	Executive Di	rector	

Continued \rightarrow

Part C: Event Information				
Name of Event (if applicable)				
Downtown Fond du Lac Night Market				
2. Dates of Operation		3. Hours of Opera	tion	
Thursday, August 21,2025		5:00 pm to 8:00 pm		
4. Premises Address				
Main Street between Division and H	Forest including Sh	eboygan to	Portland	
5. City		6. State	7. Zip Code	
Fond du Lac		WI	54935	
235 6000000000000000000000000000000000000	Municipality ✓ City Town	☐ Village 10.	Aldermanic District	
	DU LAC	1777 N. 177	N/A	
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Nui	mber for Organizer o	of Event	
Megan Sigrist / Amy Krupp			wnfdl.com, 920-322-2006	
13. Organizer Website	14. Event Website			
www.downtownfdl.com	downtownfdl.co	om/heer-hour	rhon-crawl	
15. Premises Description - Describe the building or building				
or diagram and additional sheets if necessary. Main Street between Division St and E	Forest Ave including	Sheboygan St	to Portland St	
Part D: Attestation Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I agree that I am acting solely on behalf of the	ty of law, I have answered ea	ach of the above o	questions completely and y other individual or entity	
seeking the license. Further, I agree that the rights and to another individual or entity. I agree to operate according to my wisconsin-permitted wholesalers. I understand that be deemed a refusal to allow inspection. Such refusal is that any license issued contrary to Wis. Stat. Chapter 1: be prosecuted for submitting false statements and affidal provides materially false information on this application	responsibilities conferred by the ding to the law, including but real tlack of access to any portion as a misdemeanor and grounds 25 shall be void under penalty avits in connection with this appears be required to forfeit not	ne license(s), if gra not limited to, purc of a licensed prem is for revocation of of state law. I furt olication, and that a	anted, will not be assigned hasing alcohol beverages alses during inspection will this license. I understand her understand that I may any person who knowingly if convicted.	
Last Name	First Name		M.I.	
Meyer	Sam			
Title Ema	ail		Phone	
Vice-President sa	m@sammeyeragency.com		(920) 924-4425	
Signature Commell Megy		Date	01/17/25	
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk JAN 1 7 20	License Number	C-1011-		
Date License Granted	Date License Issued	C-W14		
Signature of Clerk/Deputy Clerk		,		

rp+# 6786

Memorano	lum			
Date:				
To:	Chief of Police Attn: Records Division			
From:	City Clerk			
Subject:	Temporary Class B License			
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.			
It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.				
	FOND DU LAC			
Memoran _	dum			
Date:				
To:	City Clerk			
From:	Chief of Police			
Subject:	Temporary Class B License			
	I hereby recommend that the application be:			
	Coranted a license CPT RD, #121 07.38.35			
	Denied a license			
	Comments			

AB-220

Temporary Alcohol Beverage License

Municipality	,			
CITY	OF	FOND	DU	LAC

License(s) Requested		F	ees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Informa	tion				
1. Organization Name					
Downtown Fond du Lac	Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac		The Action Control of the Control of		WI	54935
Mailing Address (if different from per	rmanent a	ddress)			
7. FEIN		8. Date of Organization/Incorp	poration	9. State of Organia	zation/Incorporation
46-1169019				Wisconsir	1
10. Phone		11. Email			
(920) 322-2007		info@downtownfo	dl.com		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	☐ Fair Association	/Agricultural Societ	ty 🗌 Veter	an's Organization
☐ Lodge/Society ☑	Chambe	er of Commerce or similar C	Civic or Trade Orga	nization under cl	h. 181, Wis. Stats.
13. Is this organization required to h					Yes 🗸 No
14. Wisconsin Seller's Permit Number (if applicab	le)			
Part B: Individual Information	Maria Es	Tagging and Takes and A. Francisco			
List the name, title, and phone nur (Form AB-100) for each person list				zation. Include a	n Individual Questionnaire
Corporations must also include Ald	cohol Bev	erage Appointment of Age	nt (Form AB-101).		
Last Name	First Na	me	Title		Phone
Raflik	J.J.		President		
Meyer	Sam		Vice Presid	lent	
Gross	Tyler		Secretary		
Kittleson	Andy		Treasurer		
Krupp	Amy		Executive D	irector	

Continued \rightarrow

Part C: Event Information				
Name of Event (if applicable)				
Fondue Fest				
2. Dates of Operation			3. Hours of Opera	ition
September 6, 2025			9:00 am t	co 5:00 pm
4. Premises Address				
Main St from Merrill Ave	to Western A	Ave		
5. City			6. State	7. Zip Code
Fond du Lac			MI	54935
8. County	9. Governing Municip	pality 🔽 City 🗌 Town	☐ Village 10.	Aldermanic District
FOND DU LAC	of: FOND_DU	LAC		N/A
11. Organizer of Event (if not the named applicat	nt)	12. Email and/or Phone Num	ber for Organizer of	of Event
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	m / Amy@downto	ownfdl.com, 920-322-2006
13. Organizer Website		14. Event Website		
www.downtownfdl.com		https://downto	wnfdl.com/f	fondue-fest/
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece Main St from Merrill Ave to	of records may oc essary.	cur only on the premises	described in this	application. Attach a map
Part D: Attestation Who must sign this application? • one officer or director of the nonprofit of the nonp	Under penalty of n behalf of the app	olicant organization and no	t on behalf of an	y other individual or entity
to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I use deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stop be prosecuted for submitting false statements provides materially false information on the	operate according of nderstand that lack Such refusal is a mate. Chapter 125 sh ents and affidavits in is application may	to the law, including but not of access to any portion of access to any portion of a second and grounds all be void under penalty of a connection with this application be required to forfeit not not a second and access to the second access t	ot limited to, purce f a licensed preme for revocation of of state law. I furted ication, and that a	chasing alcohol beverages hises during inspection will this license. I understand ther understand that I may any person who knowingly if convicted.
Last Name	10	First Name		M.I.
Mwyer	S	Sam		
Title	Email			Phone
Vice-President	sam@sa	ammeyeragency.com		(920) 924-4425
Signature January D. M.	lyn		Date	01/17/25
Part E: For Clerk Use Only	0			
Date Application Was Filed With Clerk	N 1 7 2025	License Number	1-0011	need the comment of the second
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

rpt # 6780

wemorum.	cura .
Date:	•
То:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
	FOND DU LAC
Memoran	dum .
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Granted a license CPT RD, #121 07.38.25
	Denied a license
	Comments

-					
-	0	r	r	Y	٦
	v				

AB-220

Temporary Alcohol Beverage License

Municipality	/			
CITY	OF	FOND	DU	LAC

License(s) Requested		Fe	ees	
		License Fees	\$	10.00
▼ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25

Manual Santagar - Indiana Lancau and Carlos Company and Carlos Carlos Company and Carlos			rush fee wil	ll be	charged,	for a total of \$35 due.
Part A: Organization Informa	ation					
Organization Name						
Downtown Fond du La	c Part	nership				
Organization Permanent Address						
131 S. Main Street,	Suite	: 101				
3. City				1	4. State	5. Zip Code
Fond du Lac					MI	54935
6. Mailing Address (if different from pe	ermanent a	address)				
7. FEIN		8. Date of Organization/Incor	poration	9. Sta	ate of Organi	ization/Incorporation
46-1169019				Wi	sconsi	n
10. Phone		11. Email				
(920) 322-2007		info@downtownf	dl.com			
12. Organization type (check one)						
Bona Fide Club	Church	Fair Association	n/Agricultural Socie	ety	☐ Vete	ran's Organization
☐ Lodge/Society ✓	l Chambe	er of Commerce or similar (-	ion under o	ch. 181, Wis. Stats.
	7,1111111111111111111111111111111111111					
13. Is this organization required to	hold a W	isconsin Seller's permit?			0.010	Yes 🗸 No
14. Wisconsin Seller's Permit Number	(if applicat	ole)				
Part B: Individual Informatio	n	nagawa, gi 2 i i		8		
List the name, title, and phone nu	mber for	all officers, directors, and a	agent of the organ	nization	n. Include a	an Individual Questionnaire
(Form AB-100) for each person lis						
Corporations must also include Al	cohol Be	verage Appointment of Age	ent (Form AB-101).			
Last Name	First Na	ame	Title			Phone
Raflik	J.J.		President			
Meyer	Sam		Vice Presid	dent		
	-					
Gross	Tyler		Secretary			
Kittleson Andy			Treasurer			
	2					
Krupp	Amy		Executive 1	Dire	ctor	

Continued \rightarrow

Part C: Event Information	jergara iz inga	de lagadês en estasistif de de		AND
Name of Event (if applicable)				
Downtown Fond du Lac Holi	day Wine Wa	lk		
2. Dates of Operation			3. Hours of Opera	ition
November 8, 2025			12:00 pm	to 5:00 pm
4. Premises Address				
various businesses with B	ID district			
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	9. Governing Munici	pality 🔽 City 🗌 Town		. Aldermanic District
FOND DU LAC	of: FOND DU			N/A
11. Organizer of Event (if not the named applicant	nt)	12. Email and/or Phone Num	nber for Organizer o	of Event
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	m / Amy@downto	ownfdl.com, 920-322-2006
13. Organizer Website		14. Event Website		
www.downtownfdl.com		https://downto	wnfdl.com/v	wine-walk/
alcohol beverage activities and storage or diagram and additional sheets if nece various Downtown Fond du Lac	essary.			
Part D: Attestation Who must sign this application? • one officer or director of the nonprofit of the nonp	Under penalty of n behalf of the apnerights and responsible according anderstand that lace according the following such refusal is a rest. Chapter 125 sents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion on hisdemeanor and grounds hall be void under penalty in connection with this appl	ot on behalf of an e license(s), if gra ot limited to, purc of a licensed prem for revocation of of state law. I furt lication, and that a	y other individual or entity anted, will not be assigned chasing alcohol beverages hises during inspection will this license. I understand ther understand that I may any person who knowingly
provides materially raise information on the	25.65			
Last Name		First Name		M.I.
Meyer		Sam		
Title	Email			Phone
Vice-President	7/ Sam@s	ammeyeragency.com	15.	(920) 924-4425
Signature Smeles 1.	My		Date	01/17/25
Part E: For Clerk Use Only				
Data Application Man Filed With Clark	1 1 7 2025	License Number	C-001	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk		1		

rpt # 6781

Date: To: Chief of Police Attn: Records Division From: City Clerk Subject: Temporary Class B License The application copied on the reverse side was filed with this office within the preceding forty-eight hours. It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office. ETTY OF FOND DU LAC Memorandum Date: To: City Clerk From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be:	michiol and	20114
From: City Clerk Subject: Temporary Class B License The application copied on the reverse side was filed with this office within the preceding forty-eight hours. It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office. CITY OF FOND DU LAC Memorandum Date: To: City Clerk From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be: Granted a license	Date:	
The application copied on the reverse side was filed with this office within the preceding forty-eight hours. It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office. CTTY OF FOND DU LAC Memorandum Date: To: City Clerk From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be: Granted a license CPT RD, #134 57.33.35	To:	Chief of Police Attn: Records Division
The application copied on the reverse side was filed with this office within the preceding forty-eight hours. It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office. CITY OF FOND DU LAC Memorandum Date: To: City Clerk From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be: Granted a license CPT RD, #134 57.33.35	From:	City Clerk
with this office within the preceding forty-eight hours. It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office. CITY OF FOND DU LAC Memorandum Date: To: City Clerk From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be: Granted a license CPT RD, #124 57.38.35	Subject:	Temporary Class B License
on the granting and issuance of a license be provided to this office. CITY OF FOND DU LAC Memorandum Date: To: City Clerk From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be: Granted a license CPT RD, #134 67.33.35		The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
Memorandum Date: To: City Clerk From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be: Granted a license CPT RD, #134 67738.35		on the granting and issuance of a license be provided
Date: To: City Clerk From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be: Granted a license CPT RD, #121 67.33.35	CITY OF	FOND DU LAC
To: City Clerk From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be: Granted a license CPT RD, #121 67:33.35	Memorana	łum
From: Chief of Police Subject: Temporary Class B License I hereby recommend that the application be: Granted a license CPT RD, #121 67.33.35	Date:	
Subject: Temporary Class B License I hereby recommend that the application be: Granted a license CPT RD, #131 873335	To:	City Clerk
I hereby recommend that the application be: Granted a license CPT RD, #131 67/38/35	From:	Chief of Police
Granted a license CPT RD, #121 87/38/25	Subject:	Temporary Class B License
	•	
Denied a license		Granted a license CPT RD, #121 07/38/35
		Denied a license
Comments		Comments